



CUSTOMER INFORMATION UPDATE

Sales Rep. ID _____

COMPANY NAME _____ PHONE (____) _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
FEDERAL ID# _____ DUN & BRADSTREET NUMBER _____
 CORPORATION PARTNERSHIP PROPRIETORSHIP LLC YRS IN BUSINESS _____
TYPE OF BUSINESS _____ NUMBER OF EMPLOYEES _____
PROPERTY INFO: _____ OWN _____ RENT _____ LANDLORD OR MTG CO. _____

OWNERS, PRINCIPALS & OFFICERS:

NAME _____ ADDRESS _____
SS# _____ TITLE _____ PHONE # _____
NAME _____ ADDRESS _____
SS# _____ TITLE _____ PHONE # _____

The information and statements in this application are true and complete, and are made for the purpose of inducing you to establish an open account. You are hereby authorized to obtain any information you consider necessary from any source concerning the statements on this application.

MUST RETURN SALES TAX CERTIFICATE WITH WORKSHEET

OWNER (S) SIGNATURE (S)

NAME _____ DATE _____
NAME _____ DATE _____

BY SIGNING BELOW APPLICANT PERSONALLY GUARANTEES PAYMENT OF ALL INVOICES BILLED TO AFOREMENTIONED COMPANY.

(Name of Company)
By _____
President/Partner/Individual